STATE OF NEW YORK

976

2019-2020 Regular Sessions

IN SENATE

January 9, 2019

Introduced by Sens. YOUNG, RITCHIE -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health and Developmental Disabilities

AN ACT to amend the mental hygiene law, in relation to involuntary and emergency admissions of the mentally ill

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 9.01 of the mental hygiene law, as amended by chap-2 ter 723 of the laws of 1989, the seventh undesignated paragraph as amended by chapter 595 of the laws of 2000, is amended to read as 3 follows:

5 § 9.01 Definitions.

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As used in this article:

"in need of care and treatment" means that a person has a mental illness for which in-patient care and treatment in a hospital is appropriate.

"in need of involuntary care and treatment" means that a person has a 11 mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and [whose] which so impairs the 13 person's judgment [is so impaired] that he or she is unable to under-14 stand the need for such care and treatment.

["likelihood to result in serious harm" or] "likely to result in seri-16 ous <u>physical</u> harm" means [(a)] <u>posing</u> a substantial risk of <u>: (a)</u> <u>seri-</u> ous physical harm to the person as manifested by threats of or attempts 17 at suicide or serious bodily harm, conduct demonstrating that the person 19 is unable to meet his or her needs for nourishment, medical care, shel-20 ter or self-protection without the assistance of others, or other 21 conduct demonstrating that the person is dangerous to himself or 22 herself[7]; or (b) [a substantial risk of physical harm to other persons 23 as manifested by homicidal or other violent behavior by which others are

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

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placed in reasonable fear of serious physical harm to others as manifested by violent or imprudent behavior or threats.

"likely to result in serious psychiatric harm" means significantly impairing the person's ability to make an informed decision regarding mental health treatment and posing a substantial risk of severe deterioration of the person's capacity for judgment, reason or self-manage-

"need for retention" means $[\frac{\text{that}}{\text{the need of}}]$ a person who has been admitted to a hospital pursuant to this article [is in need] for a further period of involuntary care and treatment in a hospital [for a further period]. In determining the need for retention, a physician shall consider the person's current condition and preparedness, with appropriate and available support, to adhere to essential outpatient 14 treatment and refrain from abusing substances which imperil his or her mental health.

"record" of a patient shall consist of admission, transfer or retention papers and orders, and accompanying data required by this article and by the regulations of the commissioner.

"director of community services" means the director of community services for the mentally disabled appointed pursuant to article fortyone of this chapter.

"qualified psychiatrist" means a physician licensed to practice medicine in New York state who: (a) is a diplomate of the American board of psychiatry and neurology or is eligible to be certified by that board; or (b) is certified by the American osteopathic board of neurology and psychiatry or is eliqible to be certified by that board.

- § 2. Subdivisions (a) and (c) of section 9.37 of the mental hygiene law, subdivision (a) as amended by chapter 723 of the laws of 1989 and subdivision (c) as amended by chapter 230 of the laws of amended to read as follows:
- The director of a hospital, upon application by a director of community services or an examining physician duly designated by him or her, may receive and care for in such hospital as a patient any person who, in the opinion of the director of community services or the director's designee, has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself or herself] or [ethers] serious psychiatric harm.

The need for immediate hospitalization shall be confirmed by a staff physician of the hospital prior to admission. Within seventy-two hours, excluding Sunday and holidays, after such admission, if such patient is to be retained for care and treatment beyond such time and he or she does not agree to remain in such hospital as a voluntary patient, the certificate of another examining physician who is a member of the psychiatric staff of the hospital that the patient is in need of involuntary care and treatment shall be filed with the hospital. From the time of his or her admission under this section the retention of such patient for care and treatment shall be subject to the provisions for notice, hearing, review, and judicial approval of continued retention or transfer and continued retention provided by this article for the admission and retention of involuntary patients, provided that, for the purposes of such provisions, the date of admission of the patient shall be deemed to be the date when the patient was first received in the hospital under this section.

(c) Notwithstanding the provisions of subdivision (b) of this section, in counties with a population of less than two hundred thousand, a

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director of community services who is a licensed psychologist pursuant to article one hundred fifty-three of the education law or a licensed 3 clinical social worker pursuant to article one hundred fifty-four of the education law but who is not a physician may apply for the admission of a patient pursuant to this section without a medical examination by a designated physician, if a hospital approved by the commissioner pursuant to section 9.39 of this article is not located within thirty miles 7 8 the patient, and the director of community services has made a 9 reasonable effort to locate a designated examining physician but such a 10 designee is not immediately available and the director of community 11 services, after personal observation of the person, reasonably believes 12 that he or she may have a mental illness which is likely to result in 13 serious physical harm [to himself] or [others] serious psychiatric harm 14 and inpatient care and treatment of such person in a hospital may be 15 appropriate. In the event of an application pursuant to this subdivi-16 sion, a physician of the receiving hospital shall examine the patient 17 and shall not admit the patient unless he or she determines that the patient has a mental illness for which immediate inpatient care and 18 19 treatment in a hospital is appropriate and which is likely to result 20 serious harm to himself or others. If the patient is admitted, the need 21 for hospitalization shall be confirmed by another staff physician within twenty-four hours. An application pursuant to this subdivision shall be 22 in writing and shall be filed with the director of such hospital at the 23 time of the patient's reception, together with a statement in a form 24 25 prescribed by the commissioner giving such information as he may deem 26 appropriate, including a statement of the efforts made by the director 27 community services to locate a designated examining physician prior 28 to making an application pursuant to this subdivision. 29

- § 3. Subdivision (a) of section 9.37 of the mental hygiene law, section as renumbered by chapter 978 of the laws of 1977, is amended to read as follows:
- (a) The director of a hospital, upon application by a director of community services or an examining physician duly designated by him or her, may receive and care for in such hospital as a patient any person who, in the opinion of the director of community services or his or her designee, has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself or others; "likelihood of serious harm" shall mean:
- 1. substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or
- 2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear or serious [physical psychiatric harm.

The need for immediate hospitalization shall be confirmed by a staff physician of the hospital prior to admission. Within seventy-two hours, excluding Sunday and holidays, after such admission, if such patient is to be retained for care and treatment beyond such time and he or she does not agree to remain in such hospital as a voluntary patient, the certificate of another examining physician who is a member of the psychiatric staff of the hospital that the patient is in need of involuntary care and treatment shall be filed with the hospital. From the 54 time of his or her admission under this section the retention of such patient for care and treatment shall be subject to the provisions for 56 notice, hearing, review, and judicial approval of continued retention or

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transfer and continued retention provided by this article for the admission and retention of involuntary patients, provided that, for the purposes of such provisions, the date of admission of the patient shall be deemed to be the date when the patient was first received in the hospital under this section.

- § 4. Subdivision (a) of section 9.39 of the mental hygiene law, as amended by chapter 789 of the laws of 1985, is amended to read as follows:
- (a) The director of any hospital maintaining adequate staff and facilities for the observation, examination, care, and treatment of persons alleged to be mentally ill and approved by the commissioner to receive and retain patients pursuant to this section may receive and retain therein as a patient for a period of fifteen days any person alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself or others. "Likelihood to result in serious harm" as used in this article shall mean:
- 1. substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or
- 2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of or serious [physical] psychiatric harm.

The director shall cause to be entered upon the hospital records the name of the person or persons, if any, who have brought such person to the hospital and the details of the circumstances leading to the hospitalization of such person.

28 The director shall admit such person pursuant to the provisions of 29 this section only if a staff physician of the hospital upon examination 30 such person finds that such person qualifies under the requirements 31 of this section. Such person shall not be retained for a period of more 32 than forty-eight hours unless within such period such finding is confirmed after examination by another physician who shall be a member 33 the psychiatric staff of the hospital. Such person shall be served, 34 35 at the time of admission, with written notice of his or her status and 36 rights as a patient under this section. Such notice shall contain the 37 patient's name. At the same time, such notice shall also be given to the 38 mental hygiene legal service and personally or by mail to such person or 39 persons, not to exceed three in number, as may be designated in writing 40 to receive such notice by the person alleged to be mentally ill. If at 41 any time after admission, the patient, any relative, friend, or the 42 mental hygiene legal service gives notice to the director in writing of 43 request for court hearing on the question of need for immediate observa-44 tion, care, and treatment, a hearing shall be held as herein provided as 45 soon as practicable but in any event not more than five days after such 46 request is received, except that the commencement of such hearing may be 47 adjourned at the request of the patient. It shall be the duty of the director upon receiving notice of such request for hearing to forward 48 forthwith a copy of such notice with a record of the patient to the 49 50 supreme court or county court in the county where such hospital 51 located. A copy of such notice and record shall also be given the mental 52 hygiene legal service. The court which receives such notice shall fix the date of such hearing and cause the patient or other person request-54 ing the hearing, the director, the mental hygiene legal service and such other persons as the court may determine to be advised of such date. 55 56 Upon such date, or upon such other date to which the proceeding may be

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adjourned, the court shall hear testimony and examine the person alleged to be mentally ill, if it be deemed advisable in or out of court, and shall render a decision in writing that there is reasonable cause to believe that the patient has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself or others] or serious psychiatric harm. If it be determined that there is such reasonable cause, the court shall forthwith issue an order authorizing the retention of such patient for any such purpose or purposes in the hospi-for a period not to exceed fifteen days from the date of admission. Any such order entered by the court shall not be deemed to be an adjudication that the patient is mentally ill, but only a determination that there is reasonable cause to retain the patient for the purposes of this section.

- § 5. Subdivisions (a) and (b) of section 9.40 of the mental hygiene law, as added by chapter 723 of the laws of 1989, are amended to read as follows:
- (a) The director of any comprehensive psychiatric emergency program may receive and retain therein for a period not to exceed seventy-two hours, any person alleged to have a mental illness for which immediate observation, care and treatment in such program is appropriate and which is likely to result in serious physical harm [to the person] or [others] serious psychiatric harm. The director shall cause to be entered upon the program records the name of the person or persons, if any, who have brought the person alleged to have a mental illness to the program and the details of the circumstances leading the person or persons to bring the person alleged to have a mental illness to the program.
- (b) The director shall cause examination of such persons to be initiated by a staff physician of the program as soon as practicable and in any event within six hours after the person is received into the program's emergency room. Such person may be retained for observation, care and treatment and further examination for up to twenty-four hours if, at the conclusion of such examination, such physician determines that such person may have a mental illness for which immediate observation, care and treatment in a comprehensive psychiatric emergency program is appropriate, and which is likely to result in serious physical harm [to the person] or [others] serious psychiatric harm.
- \S 6. Section 9.41 of the mental hygiene law, as amended by chapter 723 of the laws of 1989, is amended to read as follows:
- § 9.41 Emergency admissions for immediate observation, care, and treatment; powers of certain peace officers and police officers.

Any peace officer, when acting pursuant to his or her special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious physical harm [to the person or others]. Such officer may direct the removal of such person or remove him or her to any hospital specified in subdivision (a) of section 9.39 or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40, or, pending his or her examination or admission to any such hospital or program, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action.

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§ 7. Section 9.41 of the mental hygiene law, as amended by chapter 843 of the laws of 1980, is amended to read as follows:

§ 9.41 Emergency admissions for immediate observation, care, and treatment; powers of certain peace officers and police officers.

Any peace officer, when acting pursuant to his or her special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious [harm to himself or others. "Likelihood to result in serious harm" shall mean (1) substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or (2) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious] physical harm. Such officer may direct the removal of such person or remove him or her to any hospital specified in subdivision (a) of section 9.39 or, pending his or her examination or admission to any such hospital, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action.

- § 8. Section 9.43 of the mental hygiene law, as amended by chapter 723 24 of the laws of 1989, is amended to read as follows:
 - § 9.43 Emergency admissions for immediate observation, care, and treatment; powers of courts.
 - (a) Whenever any court of inferior or general jurisdiction is informed by verified statement that a person is apparently mentally ill and is conducting himself or herself in a manner which in a person who is not mentally ill would be deemed disorderly conduct or which is likely to result in serious physical harm [to himself or herself], such court shall issue a warrant directing that such person be brought before it. If, when said person is brought before the court, it appears to the court, on the basis of evidence presented to it, that such person has or may have a mental illness which is likely to result in serious physical harm [to himself or herself or others], the court shall issue a civil order directing his or her removal to any hospital specified in subdivision (a) of section 9.39 or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40, willing to receive such person for a determination by the director of such hospital or program whether such person should be retained therein pursuant to such section.
 - (b) Whenever a person before a court in a criminal action appears to have a mental illness which is likely to result in serious physical harm [to himself or herself or others] and the court determines either that the crime has not been committed or that there is not sufficient cause to believe that such person is guilty thereof, the court may issue a civil order as above provided, and in such cases the criminal action shall terminate.
 - § 9. Section 9.43 of the mental hygiene law, as renumbered by chapter 978 of the laws of 1977, is amended to read as follows:
- 52 § 9.43 Emergency admissions for immediate observation, care, and treat-53 ment; powers of courts.
 - (a) Whenever any court of inferior or general jurisdiction is informed by verified statement that a person is apparently mentally ill and is conducting himself or herself in a manner which in a person who is not

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1 mentally ill would be deemed disorderly conduct or which is likely to result in serious physical harm [to himself or others as defined in section 31.39], such court shall issue a warrant directing that such 3 4 person be brought before it. If, when said person is brought before the court, it appears to the court, on the basis of evidence presented to it, that such person has or may have a mental illness which is likely to 7 result in serious physical harm [to himself or others], the court shall issue a civil order directing his or her removal to any hospital speci-9 fied in subdivision (a) of section [31.39] 9.39 of this article willing 10 to receive such person for a determination by the director of such 11 hospital whether such person should be retained therein pursuant to such 12 section.

(b) Whenever a person before a court in a criminal action appears to have a mental illness which is likely to result in serious **physical** harm [to himself or others] and the court determines either that the crime has not been committed or that there is not sufficient cause to believe that such person is guilty thereof, the court may issue a civil order as above provided, and in such cases the criminal action shall terminate.

§ 10. Section 9.45 of the mental hygiene law, as amended by chapter 723 of the laws of 1989, the opening paragraph as amended by chapter 192 of the laws of 2005, is amended to read as follows:

§ 9.45 Emergency admissions for immediate observation, care, and treatment; powers of directors of community services.

The director of community services or the director's designee shall have the power to direct the removal of any person, within his or her jurisdiction, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article, or to a comprehensive psychiatric emergency program pursuant to subdivision (a) of section 9.40 of this article, if the parent, adult sibling, spouse or child of the person, the committee or legal guardian of the person, a licensed psychologist, registered professional nurse or certified social worker currently responsible for providing treatment services to the person, supportive or intensive case manager currently assigned to the person by a case management program which program is approved by the office of mental health for the purpose of reporting under this section, licensed physician, health officer, peace officer or police officer reports to him or her that such person has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself] or [herself or others | serious psychiatric harm. It shall be the duty of peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department to assist representatives of such director to take into custody and transport any such person. Upon the request of a direcof community services or the director's designee an ambulance service, as defined in subdivision two of section three thousand one of public health law, is authorized to transport any such person. Such person may then be retained in a hospital pursuant to the provisions of section 9.39 of this article or in a comprehensive psychiatric emergency program pursuant to the provisions of section 9.40 of this article.

§ 11. Section 9.45 of the mental hygiene law, as amended by chapter 343 of the laws of 1985, is amended to read as follows:

§ 9.45 Emergency admissions for immediate observation, care, and treatment; powers of directors of community services.

The director of community services or his <u>or her</u> designee shall have the power to direct the removal of any person, within his <u>or her</u> juris-

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diction, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article if the parent, spouse, or child the person, a licensed physician, health officer, peace officer or police officer reports to him or her that such person has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself] or [ethers, as defined in section 9.39 of this article] serious psychiatric harm. It shall be the duty of peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department to assist representatives of such director to take into custody and transport any such person. Upon the request of a director of community services or his or her designee an ambulance service, as defined in subdivision two of section three thousand one of the public health law, authorized to transport any such person. Such person may then be retained pursuant to the provisions of section 9.39 of this article.

§ 12. Section 9.55 of the mental hygiene law, as amended by chapter 598 of the laws of 1994, is amended to read as follows:

§ 9.55 Emergency admissions for immediate observation, care and treatment; powers of qualified psychiatrists.

A qualified psychiatrist shall have the power to direct the removal of any person, whose treatment for a mental illness he or she is either supervising or providing in a facility licensed or operated by the office of mental health which does not have an inpatient psychiatric service, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article or to a comprehensive psychiatric emergency program, if he or she determines upon examination of such person that such person appears to have a mental illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself or herself or [ethers] serious psychiatric harm. Upon the request of such qualified psychiatrist, peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department shall take into custody and transport any such person. Upon the request of a qualified psychiatrist an ambulance service, as defined by subdivision two of section three thousand one of the public health law, is authorized to transport any such person. Such person may then be admitted to a hospital in accordance with the provisions of section 9.39 of this article or a comprehensive psychiatric emergency program in accordance with the provisions of section 9.40 of this article.

§ 13. Section 9.55 of the mental hygiene law, as amended by chapter 847 of the laws of 1987, is amended to read as follows:

§ 9.55 Emergency admissions for immediate observation, care and treatment; powers of qualified psychiatrists.

A qualified psychiatrist shall have the power to direct the removal of any person, whose treatment for a mental illness he <u>or she</u> is either supervising or providing in a facility licensed or operated by the office of mental health which does not have an inpatient psychiatric service, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article, if he determines upon examination of such person that such person appears to have a mental illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious <u>physical</u> harm [to himself] or [others, as defined in section 9.39 of this article] serious psychiatric harm. Upon the request of such qualified psychiatrist, peace

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1 officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department shall take into custody and transport any person. Upon the request of a qualified psychiatrist an ambulance service, as defined by subdivision two of section three thousand one of the public health law, is authorized to transport any such person. Such person may then be admitted in accordance with the provisions of section 9.39 of this article.

§ 14. Section 9.57 of the mental hygiene law, as amended by chapter 598 of the laws of 1994, is amended to read as follows:

§ 9.57 Emergency admissions for immediate observation, care and treatment; powers of emergency room physicians.

A physician who has examined a person in an emergency room or provided emergency medical services at a general hospital, as defined in article twenty-eight of the public health law, which does not have an inpatient psychiatric service, or a physician who has examined a person in a comprehensive psychiatric emergency program shall be authorized to request that the director of the program or hospital, or the director's designee, direct the removal of such person to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article or to a comprehensive psychiatric emergency program, if the physician determines upon examination of such person that such person appears to have a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself] or [others] serious psychiatric harm. Upon the request of the physician, the director of the program or hospital or the director's designee, is authorized to direct peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department to take into custody and transport any such person. Upon the request of an emergency room physician or the director of the program or hospital, or the director's designee, an ambulance service, as defined by subdivision two of section three thousand one of the public health law, is authorized to take into custody and transport any such person. Such person may then be admitted to a hospital in accordance with the provisions of section 9.39 of this article or to a comprehensive psychiatric emergency program in accordance with the provisions of 9.40 of this article.

15. Section 9.57 of the mental hygiene law, as amended by chapter 847 of the laws of 1987, is amended to read as follows:

§ 9.57 Emergency admissions for immediate observation, care and treatment; powers of emergency room physicians.

A physician who has examined a person in an emergency room or provided emergency medical services at a general hospital, as defined in article twenty-eight of the public health law, which does not have an inpatient psychiatric service, shall be authorized to request that the director of the hospital, or his or her designee, direct the removal of such person to a hospital approved by the commissioner pursuant to subdivision (a) section 9.39 of this article, if the physician determines upon examination of such person that such person appears to have a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious physical harm [to himself] or [others, as defined in section 9.39 of this article] serious psychiatric harm. Upon the request of the physician, the director of the hospital or his or her designee, is authorized to direct peace officers, when acting pursuant to their special duties, or police officers, who are members of

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1 an authorized police department or force or of a sheriff's department to take into custody and transport any such person. Upon the request of an emergency room physician or the director of the hospital, or his or her designee, an ambulance service, as defined by subdivision two of section three thousand one of the public health law, is authorized to take into custody and transport any such person. Such person may then be admitted in accordance with the provisions of section 9.39 of this article.

- § 16. Subdivision (a) of section 9.58 of the mental hygiene law, as added by chapter 678 of the laws of 1994, is amended to read as follows:
- (a) A physician or qualified mental health professional who is a member of an approved mobile crisis outreach team shall have the power to remove, or pursuant to subdivision (b) of this section, to direct the removal of any person to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 or section 31.27 of this chapter for the purpose of evaluation for admission if such person appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious physical harm [to the person] or [others] serious psychiatric harm.
- § 17. This act shall take effect on the thirtieth day after it shall have become a law; provided, however, that:
- (a) the amendments to subdivision (a) of section 9.37 of the mental hygiene law made by section two of this act shall not affect the expiration of such subdivision and shall expire therewith, when upon such date section three of this act shall take effect;
- (b) the amendments to section 9.40 of the mental hygiene law made by section five of this act shall not affect the repeal of such section and shall be deemed repealed therewith;
- (c) the amendments to section 9.41 of the mental hygiene law made by section six of this act shall not affect the expiration of such section and shall expire therewith, when upon such date section seven of this act shall take effect;
- (d) the amendments to section 9.43 of the mental hygiene law made by section eight of this act shall not affect the expiration of such section and shall expire therewith, when upon such date section nine of this act shall take effect;
- (e) the amendments to section 9.45 of the mental hygiene law made by section ten of this act shall not affect the expiration of such section and shall expire therewith, when upon such date, section eleven of this act shall take effect;
- (f) the amendments to section 9.55 of the mental hygiene law made by section twelve of this act shall not affect the expiration of such section and shall expire therewith, when upon such date section thirteen of this act shall take effect; and
- 44 (g) the amendments to section 9.57 of the mental hygiene law made by 45 section fourteen of this act shall not affect the expiration of such 46 section and shall expire therewith, when upon such date section fifteen 47 of this act shall take effect.